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3-18-02

10/099772  
U.S. PTO  
03/15/02

03/15/02

11060 U.S. PTO

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.

END-838

First Inventor: Gary L. Long

Title: METHOD FOR CONTROLLING POSITION OF MEDICAL INSTRUMENTS

I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail - Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box-Patent Application, Washington, DC 20231.

Name:

Patricia A. Jara

Date:

March 15, 2002

(only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No.

ET068646565

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification Total Pages: 28

(Preferred arrangement set forth below)

X Descriptive Title of the Invention

X Cross Reference to Related Applications

- Statement Regarding Fed sponsored R&amp;D

- Reference to sequence listing, a table, or a computer program listing appendix

X Background of the Invention

X Brief Summary of the Invention

X Brief Description of the Drawings (if filed)

X Detailed Description

X Claim(s)

X Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) Total Sheets 13

5. Oath or Declaration [Total Pages 3]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting

inventor(s) named in the prior application,

see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement(IDS)/PTO-1449 ☐ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)

(if foreign priority is claimed)

16. ☐ Request and Certifications under 35 U.S.C. 122

(b)(2)(B)(i). Applicant must attach form

PTO/SB/35 or its equivalent.

17. ☒ Other: Application Cover Sheet

w/Express Mail Certification

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.:

Prior application information: Examiner

Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

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20. TELEPHONE CONTACT Gerry S. Gressel

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Telephone: (513) 337-3535

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## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Gerry S. Gressel

Reg. No. 34,342

SIGNATURE

DATE

March 15, 2002

**FEE TRANSMITTAL***Complete if Known*

Application Number	
Filing Date	March 15, 2002
First Named Inventor	Gary L. Long
Group Art Unit	
Examiner Name	
Attorney Docket Number	END-838

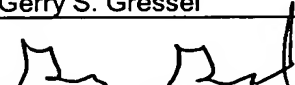
**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	30 - 20 =	10	x \$18.00	\$ 180.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$84.00	\$ 84.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$1004.00

**METHOD OF PAYMENT**

☒ Please charge Deposit Account No. 10-0750/END-838/GSG in the amount of \$1,004.00.  
Three copies of this sheet are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-838/GSG. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel	Reg. No. 34,342
Signature		Deposit Account No. 10-0750
	Date: 03/15/02	